



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: MATHEW K WARNOCK MD 18220 TOMBALL PARKWAY SUITE 330 HOUSTON TX 77070	MFDR Tracking #: M4-09-B408-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: NEW HAMPSHIRE INSURANCE COMPANY Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Rationale for Reimbursement: "we billerd [sic] this within the 95 days."

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. Explanation of Benefits (EOBs)
4. Medical Records
5. Total Amount Sought - \$143.79

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "Billing not timely submitted no record of receipt prior to 4/27/08. Pls see attached."

Principal Documentation:

1. Response Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
06/16/2008	99203 99080-73	Not Applicable	\$143.79	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code Section §408.027 and division rule 28 Tex. Admin. Code §133.20 set out the guidelines for health care providers to timely submit a medical bill for reimbursement.
2. 28 Tex. Admin. Code §102.4 set out the general rules for communications between health care providers and workers' compensation insurance carriers.
3. 28 Tex. Admin. Code §133.20 sets out the procedure for health care providers to submit workers' compensation medical bill for reimbursement.
4. 28 Tex. Admin. Code §133.307 set out the procedure for health care providers to pursue a medical fee dispute.
5. The services in dispute were denied or reduced by the insurance carrier based upon:

Explanation of benefits dated 10/08/2008 and 11/25/2008 noted claim reduction code:

- 29 – The time limit for filing has expired. Per Texas Labor Code §408.027 bills must be sent to the carrier on a timely basis, within 95 days from the dates of service.

Issues

1. Did the requestor submit a medical bill for the services in dispute timely and in accordance with Tex. Labor Code §408.027 and 28 Texas Admin. Code §133.20?
2. Is this requestor entitled to reimbursement for the disputed services?

Findings

1. 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that §408.0272 applies to the services in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Tex. Admin Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or; (2) the date postmarked if sent by mail via United States Postal Service regular mail, or if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." The request for dispute resolution was received in the MDR section on 08/12/2009. Review of the documentation submitted finds a computer printout of account inquiry transactions indicating print date 08/07/2009, an EOR summary showing bill review date 10/09/2008 and 11/25/2008, a copy of a medical bill with the printed date "08/07/09" found in box 31. No documentation was found to sufficiently support, pursuant to 28 Tex. Admin Code §102.4(h) that the medical bill was sent within 95 days from the date the services were provided.
2. Pursuant to 28 Texas Labor Code §408.027, the health care provider and requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has waived the right to medical fee dispute resolution. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Medical Fee Dispute Resolution Officer

June 29, 2010

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.